

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18217

FILED JUN 8 1943

Registration District No. 191

Primary Registration District No. 5638

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Bates City (Rural)
(c) Name of hospital or institution:
2 1/2 mi S South Spr Box Bnd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

(b) If veteran, name war

(c) Social Security No.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 1 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 27 hr. min.

9. Birthplace California
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Employer

11. Industry or business Swift & Co

12. Name Thomas Attridge

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mann

15. Birthplace NY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Schmitt

(b) Address San Francisco Cal

17. (a) Removal (b) Date thereof 5-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Francisco Cal

18. (a) Signature of funeral director Mrs G B Webster

(b) Address Blue Springs Mo

19. (a) May-31-43 (b) W. W. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County San Mateo
(c) City or town South San Francisco
(If outside city or town limits, write "RURAL")
(d) Street No. 543 Miller ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1943 hour 17 minute 30 M.

21. I hereby certify that I attended the deceased from called in
official capacity as coroner
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease
coronary thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. W. Baker Date signed 5/28/43

Address Blue Springs Mo

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-2-43

JUL 8 - 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.